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ABSTRACT

Over the past ten years, dramatic changes have been seen in the numbers of mildly mentally retarded students in the United States; in particular, a 30 percent decrease in the number of mildly mentally retarded students between 1976 and 1986 has been well documented. These changes have occurred in response to litigation in the federal courts, concerns about the fundamental nature of mental retardation (particularly whether persons from "adverse" socioeconomic circumstances can be classified as mildly mentally retarded), and disputes about the nature and meaning of adaptive behavior. Two issues are critical in the changing status and diagnosis and treatment of the mildly mentally retarded. The first is the fundamental meaning of the diagnostic construct of mild mental retardation, and the second is the outcome of special education programs for students classified as mildly mentally retarded. This issue of outcomes may be addressed more effectively in current special education reforms, through use of evidence from follow-up studies to design curricula, and in basic research on cognitive modifiability. These trends may lead to the development of more effective programs in the future which make genuine differences in the capabilities of persons who used to be, and in some cases still are, classified as mildly mentally retarded. A list of 40 references is appended. (CB)

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# [1]The Quiet Revolution: Changes in Educational Criteria, Placement and Programming for The Mildly Retarded

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There has been a revolution over the past decade which has gone, with few exceptions, largely unnoticed. That revolution concerns the mildly mentally retarded in educational settings. A seer at the One Hundredth Annual Convention of AAMD in 1976 could have astounded nearly everyone by predicting that the prevalence of mental retardation in public schools would decline by over 30 percent from 1976 to 1986. That decline is now well documented (United States Department of Education, 1985).

The meaning and proper interpretation of the enormous decline in mental retardation over the past ten years is not well understood nor easily characterized. We might view this enormous decline as:

a) Evidence of the greatest advance in the treatment and prevention of mental retardation in history.

b) The miraculous recovery of thousands of students, many of whom, disappointingly, became learning disabled within a year.

c) Changing conceptions of mild mental retardation.

d) The triumph of socio political considerations over well established psychological and educational evidence.

There is at least some evidence for three of the above options.

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Unfortunately there is little or no evidence to suggest that mild mental retardation is treated or prevented with substantially greater success in 1986 than in 1976.

## Changes In Mild Mental Retardation

In this section some of the more dramatic changes in mild mental retardation are briefly discussed. Further information on these changes is available in several excellent articles contributed by MacMillan and colleagues (MacMillan & Borthwick, 1980; MacMillan, Meyers, & Morrison, 1980; Polloway & Smith, 1983; and Polloway, 1985).

### Declining Numbers

In Table 1 at the end of this paper the number of students classified as mentally retarded and served in special education programs in the United States in 1976 and 1983 is provided in Table 1. There has been an enormous decline on the order of 33 percent. That is, there are 33 percent fewer students classified as mentally retarded and served in the public schools now than 10 years earlier. Those declining numbers are especially astounding in view of the fact that many moderately, severely, and profoundly retarded students gained access to public schools for the first time during this period. It is highly likely that the actual decline of mildly retarded students is even greater than indicated in Table 1.

### More Seriously Impaired

A second change, an obvious consequence of the first change, is that students now in programs for the mildly retarded are probably more seriously impaired than similarly constituted students ten years ago (MacMillan & Borthwick, 1980). Other evidence which supports the notion of greater impairment is available from studies of state educational criteria which have become more stringent and research on students who were declassified as a

result of court orders or Office for Civil Rights pressure. Both of these topics are discussed briefly in a subsequent section. The major consequence of the shift in the capabilities of the population of students classified as mildly mentally retarded are that much of the research conducted in the sixties and early seventies probably does not apply to the present population. Furthermore, as MacMillan has pointed out quite eloquently, the present day population of students with mild mental retardation may be far less able to cope adequately in regular classrooms, a situation faced increasingly due to the mainstreaming trend as well as the recent attempts to reform special education.

Educational Classification Criteria

Substantial changes have occurred in the State Department of Education criteria used to classify students as mildly mentally retarded. These changes have been uneven. Some states have instituted substantial changes which were then applied to the entire EMR population quite abruptly leading to massive, immediate changes (a good example is described by Meyers, MacMillan, & Yoshida, 1978).

Much to my surprise, a survey conducted in 1980 (Patrick & Reschly, 1982) revealed considerable variation among states with respect to State Department of Education Classification Criteria in Mental Retardation. For the purposes of this presentation, two of the findings are relevant. First, there was a clear trend toward establishment of more stringent criteria through lowering the IQ cutoff, and placing greater emphasis on adaptive behavior. Second, there was considerable variation in IQ criteria with about fifteen states adopting the AAMD criterion of about 69 or 70, another fifteen states at IQ of 75, and several more states at other points such as 1 3/4 s.d. below the mean, 1 1/2 s.d. deviations below the mean, IQ of 79, IQ of 80, and even IQ of 85.

My impression is these trends have continued through the 1980s. Further information on State Department of Education Criteria should be available soon through research being conducted by Cheryl Utley and her colleagues at Vanderbilt.

The potential influence of classification criteria changes has probably not been appreciated sufficiently. Changing the upper IQ limit from 79 to 75 or to 70 exerts a trememdous influence on the percentage of persons potentially eligible for the classification of mild mental retardation. The IQ point of 75 (assuming a standard deviation of 15) has a percentile rank of 4.75 while the IQ point of 70 has a percentile rank of 2.3. The "mere" change of 5 points, from 75 to 70, reduces the population potentially eligible by half.

Ethnic-Race Proportions

Overrepresentation of economically disadvantaged, minority students has provoked intense controversy in the professional literature, efforts to reform assessment practices, and litigation which continues today. This overrepresentation raises serious questions about the fundamental nature of the diagnostic construct of mild mental retardation. Unfortunately, discussion of that issue has all too often been ignored in the courts and in the professional literature where much more attention has been devoted to alleged biases in individual IQ tests.

The nature of the overrepresentation has often been exaggerated and distorted. The fact is that the class represented in this litigation involves a very small percentage of students. A question I have posed to many audiences in the past ten years is, "What percent of black students are affected by the landmark Larry P. court decision which banned certain uses of IQ tests?" An answer to that question is provided in the tables at the end of this paper. In any discussion of ethnic or race proportions in programs for the mildly

mentally retarded, careful examination of data is critical (Reschly, 1979, 1982, 1986, in press a, b).

There have been some changes in the nature of overrepresentation of minority students in programs for the mildly retarded over the past ten years. Certainly, the enormous decline in numbers of students classified as mildly mentally retarded means that far fewer minority (and white students as well) are currently placed in programs for the mildly mentally retarded. The decline in absolute numbers is dramatic, as noted earlier. However, has this decline changed the pattern and degree of overrepresentation?

Prior to about 1975 there are good data to substantiate that economically disadvantaged minority students, including black, Hispanic, and native American Indian, were overrepresented in special class programs for the mildly mentally retarded. This overrepresentation led to litigation, usually settled by consent decrees, which instituted reforms such as due process and assessment procedures consistent with the student's primary language. Data on overrepresentation gathered since 1975 indicates that Hispanic students are no longer overrepresented in programs for the mildly mentally retarded. In fact, most results suggest that Hispanic students are <u>underrepresented</u> in the three major categories of mildly handicapped students, mild mental retardation, specific learning disabilities, and emotional disturbance/behavior disorder. This result is supported by the national survey of school districts conducted by the Office for Civil Rights (see, Finn, 1982) and by studies in Chicago and New Jersey. The elimination of overrepresentation of Hispanic students might have been anticipated by the results published by Reschly and Jipson (1976) indicating that greater reliance on nonverbal measures of ability eliminated overrepresentation of Hispanic students in programs for the mildly mentally retarded.

The overrepresentation of black students in programs for the mildly mentally retarded may not have changed substantially over the past ten years despite the considerable decline in absolute numbers. Data available at the time of the Larry P. trial indicated that despite the massive decline in number of students classified as mildly retarded in California in the early 1970s, black students were still overrepresented by a factor of about 2.5. Furthermore, the proportions had not changed from the late 1960s, and, appparently, are still about the same at least in San Francisco. Similar results were reported by (Finn, 1982) and in several other locations (see tables at the end of the paper).

The most volatile issue in mild mental retardation has been and continues to be overrepresentation of minority students. The pattern of overrepresentation for Hispanic students appears to have changed from over to underrepresentation. Although the absolute numbers and percentages have declined substantially over the past ten years, the degree of overrepresentation of black students has remained about the same.

## Dynamics of Change

Many of the changes cited in the previous section were prompted by forces related directly or indirectly to concerns over disproportionate representation of minority students in programs for the mildly mentally retarded. These dynamics, placement bias litigation, sociocultural considerations, and adaptive behavior, represent fundamental issues in three areas: a) conception of the diagnostic construct of mild mental retardation; b) how the construct is operationalized in evaluation of students referred for learning problems; and c) in the development and implementation of special education programs.

Placement Bias Litigation

Placement bias litigation alleging discrimination due to overrepresentation of minority students in programs for the mildly mentally retarded began in the late 1960s and continues today. The most famous of these cases, Larry P. v. Riles (1972, 1974, 1979, 1984) continues to provoke considerable discussion in the professional literature (e.g., Prasse & Reschly, 1986; Elliott, in press; Sattler, 1982). The placement bias litigation has exerted an enormous influence on special education, school psychology, and the diagnostic construct of mild mental retardation (Reschly, 1981a, 1982, 1986, in press a). A full discussion of this placement bias litigation is far beyond the scope of this paper. Several points will be made briefly. First, the placement bias litigation continues and the basic issues are by no means settled as far as the courts are concerned. The Larry P. decision banning the use of IQ tests with black students if the outcome is placement in an EMR classroom was upheld in a split decision by the circuit court. However, that decision will not, apparently, be appealed to the United States Supreme Court by the State of California.

In contrast to the Larry P. decision, other courts have reached different conclusions on the same issues. In PASE v. Hannon (1980) a Federal District Court ruled that overrepresentation as such was not discriminatory and that use of IQ tests as part of the classification-placement process was acceptable. In another case in Georgia, Marshall v. Georgia (1984, 1985) a Federal District Court ruled that overrepresentation was not discriminatory and that adaptive behavior in a school setting (as opposed to out of school settings) should take precedence in decisions on educational classificaton and placement. The Georgia case has been appealed to the 11th Circuit Court which upheld the original trial decision in 1985. One additional case is before the courts at

this time. In the case of S1 V. Turlington a Flordia District Court is currently hearing evidence concerning overrepresentation of black students in special class programs for the mildly retarded. That case, like the others just cited, deals with essentially the same issues, overrepresentation of black students, alleged biases in IQ tests, and whether disadvantaged students who perform very poorly in educational settings can be considered to have exhibited a deficit in adaptive behavior. The answers to these questions from the courts, like the professional literature, are far from clear.

Several other conclusions concerning the placement bias litigation are mentioned only briefly here due to time and space limitations. The placement bias litigation reflected numerous implicit issues and underlying assumptions which may have been more important in plaintiff's motivations than placement of students in special education programs (Reschly, 1979, in press a). Further, the courts are not a good mechanism to resolve enormously complex issues of this nature. In particular, social science evidence is virtually always misused or at least partially distorted in court opinions (Bersoff, 1982; Sattler, 1982). Some other method to resolve these issues is needed, a conclusion reached increasingly by persons on both sides of the bias cases (First & Cardenas, 1986; Reschly, in press b).

Sociocultural Factors

The basic question over the past ten years has been, Should persons who are physically normal, for whom no identifiable neurological or biological anomalies can be established, be classified as mentally retarded due to significantly subaverage general intellectual functioning and adaptive behavior deficits in a school setting? Persons with those characteristics have been known to be disproportionately minority for several decades (Reschly, 1986). The traditional mental retardation literature as well as the current AAMD

classification scheme (Grossman, 1983), clearly and unequivocally regards such persons as mildly mentally retarded (assuming other considerations are met).

Over the past ten years or so the very nature of mild mental retardation construct has been seriously challenged, at least implicitly, in the work of Mercer (1973, 1979) and others who have argued that economically disadvantaged, minority students, who exhibit "sociocultural differences" should not be classified as mildly mentally retarded unless their adaptive behavior deficits are comprehensive (involving all major settings); unless their handicap is highly likely to be permanent; and unless there is some identifiable physiological or biological basis for the deficit behaviors. Although many of the arguments related to these issues occurred within the context of consideration of biases in IQ tests and other assessment issues, the fundamental issue was the basic nature of mild mental retardation. It is worth noting in this regard that the trial judge in Larry P. concluded that the students who had been classified as mildly mentally retarded were not, in fact, (in his view) retarded. Obviously, other judges in the litigation cited above reached different conclusions, but the most interesting aspect of the Larry P. conclusion is the implicit assumption made by Judge Peckham concerning mental retardation, i.e., that it must be permanent, comprehensive, and biologically based.

A reform in traditional assessment practices strongly advocated by Mercer (1979) was the use of sociocultural information which were applied to the conventional Wechsler scores yielding an "Estimated Learning Potential." The very broad (and oversimplified) purpose of the Sociocultural Measures and the ELP was to eliminate the alleged sociocultural biases in conventional intelligence tests. Much has already been said about these measures (see SOMPA A Symposium, 1979). Perhaps the most positive contribution of these measures

to date has been the assistance they provide in reminding persons of the differences that may exist between the home and school settings. However, the sociocultural measures and the resultant ELP do not have a very large effect on the numbers or proportions of minority and white students classified as mildly mentally retarded. Contrary to expectations, the ELP, purported to be a less biased measure of ability, still yields substantial overrepresentation of minority students (Reschly, 1981b; Talley, 1979). A very tentative conclusion from those studies might be that something substantially more than cultural differences is represented in mild mental retardation. The well known fact that the vast majority of economically disadvantaged minority students are never classified as mildly retarded would seem to be additional support for this tentative conclusion.

Adaptive Behavior

Perhaps the most subtle, and most important, dynamic changing the numbers of students classified as mildly mentally retarded has been the greater emphasis on adaptive behavior. The major issues in adaptive behavior, all far from resolved, are: a) conception of adaptive behavior (should underlying cognitive competencies be included?); b) settings that are most important for school age children and youth (relative importance attached to the school vs. out of school settings); c) measurement of adaptive behavior (direct vs. indirect measures or measures which focus on specific skills vs. measures which rely on judgment of significant others); and d) criteria for determining that a significant limitation in adaptive behavior exists, (i.e., degree of discrepancy from average levels of performance, and use of precise cut off scores from inventories vs application of clinical judgment).

Depending upon the answers to the questions raised above, virtually all of the students currently placed in programs for the mildly retarded, as well as

most of those placed in programs for the mildly retarded ten years ago, might be classified as mildly mentally retarded or might not be classified as mildly mentally retarded. It may well be that adaptive behavior, rather than intellectual assessment, may exert the greatest amount of influence on the future existence of the diagnostic construct of mild mental retardation.

I have attempted to discuss the adaptive behavior issues thoroughly in other publications (Reschly, 1982, 1985 and in press a; Reschly & Gresham, in press). If the conception of adaptive behavior excludes underlying cognitive competencies, if the out of school setting is used exclusively, if judgments of significant others rather than specific skills are used, and if an explicit, extreme discrepancy from average is required, then virtually everyone classified as mildly mentally retarded in 1976 and in 1986, both white and minority students, will no longer be regarded as mildly mentally retarded because they would not exhibit an adaptive behavior deficit (Reschly, 1981b; Talley, 1979). In my view, adaptive behavior should include underlying cognitive competencies or what some call "functional academics," should include the school setting for school age children and youth, should be based on skills as well as judgments of significant others, and, consistent with the AAMD scheme (Grossman, 1983), should be based upon clinical judgment rather than precise, extreme discrepancy scores. These are my opinions, based on my judgment of what the diagnostic construct of mild mental retardation should mean and, most importantly, what is best for children and youth. Other conclusions have been reached by other persons who are equally sincere in their concerns for children and youth. The difference in our opinions on this matter, I suspect, arise from differences in how we view the relative stigma of mild mental retardation vs. the benefits of special education programs for the mildly retarded. It is this issue that is receiving increasing attention today.

## Current and Future Trends

In the small amount of time and space available I want to identify four current and future trends which may have substantial influence on the diagnostic construct of mild mental retardation.

### Special Education Reform

The possibility of significant reform in the way remedial and compensatory education programs are provided to low achieving students seems more likely today than at any time over the past thirty years. We may yet see far more attention devoted to what is provided for low achieving students rather than where services are delivered and the classification used to fund the program (Heller, Holtzman, & Messick, 1980). The special education reform movement applies principal to the mildly handicapped. It holds the promise of significant changes in the structure of special and regular education. The most important of these changes is the possibility of far greater reliance on regular education for most students now classified as mildly handicapped. This reform movement is thus far based on model programs which hold considerable promise. The complexities of implementation of these programs in other settings and wide spread system change should not be minimized. However, there is considerable commitment now at the Federal and state level to at least pilot projects which would substantially change the current classification and special education programming system (see Wang & Birch, 1984; Wang & Reynolds, 1985).

### Follow-Up Studies/Transition

Follow-up studies on mildly handicapped students, particularly the mildly mentally retarded are increasingly important in considerations of who ought to be classified as eligible for special education programs. Considerable emphasis is now placed on transition from school to work. Data on that

transition should assist in developing more appropriate classification systems and more effective programs. I am especially impressed with the work of Edgerton and colleagues who have used the ethnographic method to establish indepth understanding of the phenomenon of mild mental retardation (Edgerton, 1984). The chapter by Koegel and Edgerton (1984) is particularly relevant to further consideration of the concept of "Six hour retarded child". It seems to me that information on follow-up studies along with careful assessment of the effects of special education programs should provide the bases for future discussions of the nature, meaning, and consequences (that is programming) of mild mental retardation.

Cognitive Modification

There is a great deal of work today on the concept of cognitive modification ranging from studies of Feuerstein's instrumental enrichment to basic research on cognitive processes (Campione, Brown, and Ferrara, 1982). This research holds promise for far better understanding of the learning problems exhibited by mildly retarded students. Cognitive modifiability as well as efforts to prevent the development of mild mental retardation (see Garber & Heber, 1981; Ramey & Campbell, 1984) represent the dream of most of us vitally concerned with this field.

Revival of MMR in Schools

There is some evidence now to suggest that mild mental retardation may be revived in school settings or at least the enormous decline over the past decade has ended. This revival may occur under a different classification system, or at least a different term, where mild mental retardation might be clearly distinguished from other levels of retardation (see Polloway & Smith, 1983; Reschly, 1979, 1982). The efforts of the mental retardation division of the Council of Exceptional Children over the years (see Polloway, 1985) has

been to produce slightly more lenient classification criteria. This group has argued for a number of years now for an IQ cutoff score of 75 and has recently advocated a notion of adaptive behavior for school age children which places relatively greater emphasis on school than out of school settings (Polloway, 1985). The most recent AAMD revision (Grossman, 1983) clearly suggests the use of a slightly higher IQ cutoff score in a school setting. This may mean that will see increasing adoption of an IQ cutoff score of 75 rather than 70, although that would require reversal of a trend noted in the first section of this paper.

The revival of mild mental retardation in school settings will depend to a great extent on other events such as special education reform and litigation. However, the most important single influence should be outcomes of programs for students classified as mildly mentally retarded. Those outcomes are enormously complex but prior to a widespread revival of mild mental retardation in schools something more than justification of programs based on student needs should be provided. Some studies of this nature are underway (the Iowa Mental Disabilities Project) and some states have been particularly mindful of the need to establish appropriate curricula and effective instruction in special class programs.

## Conclusions

We have seen dramatic changes in numbers of mildly mentally retarded persons over the past ten years. These changes have occurred in response to litigation in the Federal Courts, to concerns about the fundamental nature of mental retardation, particularly whether persons from "the adverse" socioeconomic circumstances can be classified as mildly mentally retarded, and disputes about the nature and meaning of adaptive behavior. Two issues are critical. The first is the fundamental meaning of the diagnostic construct

of mild mental retardation. The second is the outcomes of special education programs for students classified as mildly mentally retarded. This outcomes issue may be addressed more effectively in current special education reforms, through use of evidence from follow-up studies to design curricula, and in basic research on cognitive modifiability. These trends may lead to the development of more effective programs in the future which make genuine differences in the capabilities of persons who used to be, and in some cases still are, classified as mildly mentally retarded.

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Table 1

[1]Overrepresentation Data From California 1968-69 and 1976-77

| Group | Percent of Total Population | Percent of EMR Enrollment | | Percent of Each Group in EMR classes | |
|---|---|---|---|---|---|
| | | 68-69 | 76-77 | 68-69 | 76-77 |
| White | 72% | 43 % | --- | 0.8% | 0.4% |
| Black | 10% | 25.5% | 25.4% | 3.2% | 1.1% |
| Hispanic | 15% | 29 % | --- | 2.6% | |

[1]Based upon estimates derived from data reported in Larry P. (1979), Yoshida et al. (1976), and personal communication with the California State Department of Education in 1979.

Table 2

[1]Riverside, California, about 1965

| | White | Black | Hispanic |
|---|---|---|---|
| Percent of Total Enrollment | 82% | 9.5% | 7% |
| Percent of MMR Program | 53% | 32 % | 12% |
| Percent of Group in MMR | 0.6% | 3.4% | 1.7% |

[1]Based on data reported by Mercer (1973) and personal communication from Mercer in 1979 indicating that the total enrollment in the Riverside Public Schools in the mid-1960's was about 25,000 students, of which about 1% were in special classes for the mildly retarded.

Table 3

[1]Overrepresentation Data for State of New Jersey

| | White | Black | Hispanic |
|---|---|---|---|
| Percent of Total Enrollment | 73 | 18 | 7 |
| Percent of Total Handicapped Enrollment | 71 | 21 | 7 |
| Percent of MMR Enrollment | 43 | 43 | 13 |
| Percent of Group in MMR | 0.5 | 1.9 | 1.4 |
| Percent of Group in Ed | 0.8 | 2.3 | 0.7 |
| Percent of Group in LD | 2.8 | 2.3 | 1.4 |
| Percent of Group in LD + Ed + MMR | 4.1 | 6.5 | 3.5 |
| Percent of Group in Special Education | 10.4 | 12.5 | 10.1 |

[1]Based on data from Manni, et. al., 1980, Table 1, p. 10.

Table 4

[1]Overrepresentation Data For Chicago Public Schools

| | 1980-81 | | 1983-84 | |
|---|---|---|---|---|
| | White | Black | White | Black |
| Percent of Total Enrollment | 18.7 | 60.7 | 15.6 | 60.6 |
| Percent of Group in MMR | 1.7 | 3.8 | 1.3 | 2.9 |
| Percent of Group in LD | 4.2 | 2.4 | 4.8 | 3.1 |
| Percent of Group in LD + MMR | 5.9 | 6.2 | 6.1 | 6.1 |
| Percent of group in Special Educatiion | 11.0 | 9.7 | 11.4 | 10.4 |

[1]Based on Caught in the Web (1982) and Personal Communication with Chicago Public Schools.

Table 5

[1]National Projections From 1978

OCR Survey (Finn, 1982)

| Group | Minority % | White % | Hispanic % | Black % |
|---|---|---|---|---|
| Classification | | | | |
| Mildly Mentally Retarded | 2.54 | 1.07 | 0.98 | 3.46 |
| Seriously Emotionally Disturbed | 0.42 | 0.29 | 0.29 | 0.50 |
| Learning Disabled | 2.29 | 2.32 | 2.58 | 2.23 |
| Speech Impaired | 1.82 | 2.04 | 1.78 | 1.87 |
| Totally (Mildly Handicapped) | 7.07 | 5.72 | 5.63 | 8.06 |

[1]Based on Finn (1982) Table 1 on p. 324 and Table 3 on p. 330.

Table 6

[1]Mental Retardation and Learning Disability Child Count Data, 1976-1983

| | 1976-77 | 1983-84 | Change | Per Cent |
|---|---|---|---|---|
| MR | 969,547 | 650,534 | -319,013 | -33% |
| LD | 797,213 | 1,811,489 | +1,014,276 | +127% |

[1]Based on December 1 child counts in the 1976-77 and 1983-84 school years (United States Department of Education, 1985).